

## MEDIA RELEASE AND CONSENT FORM

Date: \_\_\_\_\_

School Site: \_\_\_\_\_

This release is made to allow \_\_\_\_\_ (Producer's Name) to include  
you without pay, in the production and/or publication of the  
\_\_\_\_\_ (Name of Program/Project Title).

I, \_\_\_\_\_ hereby agree to appear, without pay, in the above  
named Program/Project. I agree that Producer may tape and/or photograph me, and record my voice  
and conversations including quotes, paraphrases and sounds for use in and in connection with the  
Program/Project, including its promotion. I understand that I may be videotaped and/or photographed,  
and that my voice may be recorded at any time in connection with the Program/Project and that  
Producer owns all such footage of me. I also understand that my full name, address and biographical  
information will not be made public, but that my image and/or voice may be published by any form of  
media including, but not limited to, television/cable, digital transmission (including on the Producer's  
website and other means via the internet), brochures, and in any other public medium, and I hereby  
consent to such use.

I acknowledge and agree that (a) Producer may edit my appearance as Producer determines fit, (b) I  
hereby waive any right of inspection or approval of my appearance and/or its use by Producer, (c)  
Producer will rely on this permission at potential cost to Producer; and (d) Producer has no obligation to  
use any footage of me.

This release is conditioned upon Producer not using my name, picture, voice or likeness so as to amount  
to a direct endorsement by me of any product or service. Any such use by Producer shall render this  
release void. In addition, to the extent applicable, I agree not to use Producer's name, picture, voice or  
likeness for promotion or advertising. I represent and warrant that I am not taking part in the  
Program/Project in the capacity of a reporter and that I will not write, blog about, publish or cause to be  
published any article or book about my participation in the Program/Project.

I hereby release Producer and the District of Columbia Government (including DCPS) from any and all  
claims, damages, liabilities, costs and expenses which I now have or may hereafter have in connection  
with this release and my participation in the Program/Project.

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By signing below I affirm that (a) I am at least eighteen (18) years of age, (b) I have read and understood this release and (c) I agree to be bound by this release's terms and conditions.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_